

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant(s): David N. Roundhill; Michalakakis
Averkiou; Jeffry E. Powers

Art Unit:

Serial No.:

Examiner:

Filed: February 8, 1999

For: ULTRASONIC DIAGNOSTIC IMAGING WITH BLENDED TISSUE
HARMONIC SIGNALS

CERTIFICATE OF MAILING

Express Mail No.: EJ043587623US

Date of Deposit: February 8, 1999

I hereby certify that this completed application, consisting of 33 pages of specification with 27 claims and 10 sheets of formal drawings, declaration and Fee Transmittal Form, is being deposited with the United States Postal Service with sufficient postage for first class mail on the date indicated above and is addressed to: BOX: PATENT APPLICATION, Assistant Commissioner of Patents, Washington, D.C. 20231.


(Signature of person mailing paper or fee)

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 1999</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p>		<p><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td>8 February 1999</td> </tr> <tr> <td>First Named Inventor</td> <td>Roundhill, David</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>ATL 187</td> </tr> </table>		Application Number		Filing Date	8 February 1999	First Named Inventor	Roundhill, David	Examiner Name		Group / Art Unit		Attorney Docket No.	ATL 187
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METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <u>23-1131</u></p> <p>Deposit Account Name: <u>ATL Ultrasound</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<h3>3. 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SUBMITTED BY			Complete (if applicable)	
Typed or Printed Name	W. Brinton Yorks, Jr.		Reg. Number	28,923
Signature	x <i>W. Brinton Yorks, Jr.</i>	Date	8Feb1999	Deposit Account User ID